

ISM Record-Keeping and Documentation Review Form

Vessel Name:

IMO Number:

Date of Review:

Reviewer:

Areas Reviewed:

Document / Record	Available	Compliant	Comments
Safety Management Manual	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Records of Drills & Training	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Maintenance Records	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Internal Audit Reports	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Non-Conformity Reports	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Findings / Observations:

Corrective Actions Recommended:

Reviewer’s Signature:

Date: